Application Data Sheet

Application Information

Application number: Not yet assigned

Filing Date: Herewith

Application Type: Utility

CD-ROM or CD-R?: None

Title Line One: Surgical Drape and Method of Use

Attorney Docket Number: KSI/15433

Request for Early-Publication?: No

Request for Non-Publication?: No

Total Drawing Sheets: 6

Small Entity?: Yes

Petition included?: No

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor

Primary Citizenship US

Country:

Status: Full Capacity

Given Name: John

Middle Name: D.

Family Name: Corbitt

Name Suffix: Jr.

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Atlantis

State or Province of

Residence:

FL

Country of Residence:

US

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City of mailing address:

Atlantis

State or Province of

mailing address:

FL

Country of mailing

address:

US

Postal or Zip Code of

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33462

Applicant Information

Applicant Authority Type:

Inventor

Primary Citizenship

Country:

US

Status:

Full Capacity

Given Name:

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Middle Name:

N.

Family Name:

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State or Province of

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28326 Gates Mills Boulevard

City of mailing address:

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State or Province of mailing address:

ОН

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address:

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44124

Correspondence Information

Customer Number:

007609

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